

City of Gresham Title II Complaint Form

Deadline: You must submit your complaint in writing within 60 calendar days of the alleged occurrence or when the alleged discrimination became known to you.

Scope of Complaint:

A complaint may be filed by anyone who alleges that discrimination on the basis of disability was committed by the City of Gresham, a City of Gresham employee, or City of Gresham subrecipient or subcontractor.

Note: We are asking for the following information to assist in processing your complaint. If you need help in completing this form please let us know.

More information: Contact the Title II Coordinator, Julie Larsen, at 503-618-2258 or visit www.greshamoregon.gov/titleii

Complainant's Information:

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____

Person Discriminated Against (if someone other than complainant):

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____

Which of the following best describes the reason you believe the discrimination took place?

On what date (s) did the alleged discrimination take place? _____

Describe the alleged discrimination on the basis of disability. Explain what happened and who you believe was responsible (if additional space is needed, add a sheet of paper).

List names and contact information of persons who may have knowledge of the alleged discrimination on the basis of disability.

Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? Check all that apply.

Federal agency _____ State agency _____ Local agency _____
Federal court _____ State court _____

If this complaint has been filed with another agency, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Work): _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant Signature Date

Person Submitting's signature if submitted by
a person other than the complainant.

Person submitting complaint's signature Date

Attachments: Yes _____ No _____

Submit form and any additional information to:

Title II Coordinator
Julie Larsen
City of Gresham
1333 N.W. Eastman Parkway
Gresham, Oregon 97030

Julie.Larsen@greshamoregon.gov
(503) 503-618-2322